

## **Continuing Education (CE) Grant Claim**

Grantee Information CE Grantee Name: Address: CE Event:				Telephone:		
Mail the complet	ted claim form with	n Instructions for con n original signature: Grant Program, PC	s, all required d	ocumentation, and	three copies of yo	our narrative
Original Budget  As stated on grant application  Matching A STA Creek				Actual Expenditures List \$ actually expended-you must submit itemized receipts for all expenses claimed (your matching contribution and LSTA grant). Matching LSTA Grant Total		
	Matching	LSTA Grant	Total Budgeted	_		Expended
Travel	\$	\$	\$	\$	\$	\$
Lodging	\$	\$	\$	\$	\$	\$
Food	\$	N/A	\$	\$	\$	\$
Registration	\$	\$	\$	\$	\$	\$
Other*	\$	\$	\$	\$	\$	\$
Other*	\$	\$	\$	\$	\$	\$
Other*	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$
*Please itemize						
I began my trip a	at on time	and c	completed it at _	time on	date .	
2 to	. Expenditures we . I have included footal may be reimbu	ere incurred only for full cost documenta ursed with LSTA fur no other payment fo	tion, and unders	stand that no more	than 50% of the d	locumented
Grantee/Claimant Signature Date			Date Supervi	Supervisor/Director/Fiscal Signature Date		
		Belo	ow for WSL use	only		
Library Development				Fiscal		
Approved by: (initials)		Date	_ Approve	ed by: (initials)	Dat	ie
Other				urcement Amount	Dat	<del></del>